U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name and address of person filing. Name Margaret A Milliams A Name, file number, and address of labor organization. Name Margaret A Milliams Labor Organization File Number 512-892 P.O. Box, Bilding and Room Number, if any. Street 3303 Islandview Drive CRy Rock Falls State Illinois ZIP Code +4 61071 State Illinois ZIP Code +4 61071 State Illinois ZIP Code +4 62704-1999 Position in labor organization. Area Coordinator (Manager) Enter appropriate data below if, during the past flucal year, you or yets spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Hold an interest in, engaged in transactions (including loans) with, or derived income or other ocoronnic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including two name, if any). Name Sauk Valley Constunity College My husband is a part-time employee in the fitness center (not represented) and has taught some part-time classes (too few credit hours to be represented) at SVCC. Rock Bildg. Room No., if any Tib. Amount. Signature 15. Signature and verification. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the submitted in the report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned before, concert, and complete. (See the section on penalses in the instructions.)		
Labor Organization File Number 512-892 P.O. Box, Bldgs, Room No., if any Street 3303 Islandview Drive City Rock Falls Shate Illinois ZIP Code + 4 61071 Shate Illinois ZIP Code + 4 61071 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following inferests (accept as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of incretary value from an employer whose employees your organization represents or is actively seeking to represent. A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of incretary value from an employer whose employees your organization represents or is actively seeking to represent. A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of incretary value from an employer whose employees your organization represents or is actively seeking to represent. A Held an interest in, engaged in transactions (including trade name, if any). Name and address of Employer (including trade name, if any). Name Sauk Valley Community College Trade Name, if any: P.O. Box, Bldg, Room No., if any The Amount. Street 173 II Rt. 2 City Dixon Signature 45. Signature and verification. The undersigned declares, under penalty of Parjury and other applicable penalties of the law, that all of the information submitted in the inport including the information contained in any accompanying documents), has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penaltees in the instructions.)	Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bldg, Room No., if any P.O. Box, Building and Room Number, if any Street 3303 Islandview Drive Street 100 E. Edwards City Springfield State Illinois ZIP Code +4 61071 State Illinois ZIP Code +4 62704-1999 Position in labor organization. Area Coordinator (Manager) Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (accept as specified in the exclusions set forth in the instructions): Livid an interest in, engaged in transactions (including learny with, or derived income or other economic benefit of increasing value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including trade name, if any). Name Sauk Valley Community College My husband is a part-time employee in the fitness center (not represented) and has taught some part-time classes (too few credit hours to be represented) at SVCC. P.O. Box, Bldg, Room No., if any Street 173 Il Rt. 2 City Dixon Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the bast of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Margaret A Williams	Name Illinois Education Association
P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 3303 Islandview Drive City Springfield State Illinois ZIP Code +4 61071 State Illinois ZIP Code +4 62704-1999 Position in labor organization. Area Coordinator (Manager) Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (accept as specified in the exclasions set forth in the instructions): Living an interest in, engaged in transactions (including learns) with, or derived income or other economic benefit of increasing value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including trade name, if any). Name Sauk Valley Community College My husband is a part-time employee in the fitness center (not represented) and has taught some part-time classes (too few credit hours to be represented) at SVCC. P.O. Box, Bldg., Room No., if any Street 173 Il Rt. 2 City Dixon Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	The second secon	Labor Organization File Number 512-892
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): 1. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of increasing value from an employer whose employees your organization represents or is actively seeking to represent. 1. Name and address of Employer (including trade name, if any). 1. Name and address of Employer (including trade name, if any). 1. Name Sauk Valley Community College 1. An anature of interest, Transaction, or income. 1. My husband is a part-time employee in the fitness center (not represented) and has taught some part-time classes (too few credit hours to be represented) at SVCC. 1. Amount. 1. Street 173 11 Rt. 2 1. Amount. 1. Signature 1. Signature 1. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	State Illinois ZIP Code + 4 61071	State Illinois ZIP Code + 4 62704-1999
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Name of Person Filing Margaret Williams	File Number U- 354/			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	. b. Trust			
Street	c. Employer			
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				

14.b. Amount of payment.

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?